

Building Research Capacity in social care: An untapped potential?

Jo Cooke & Linsay Halladay
University of Sheffield

Others in the research team: Ruth Bacigalupo Haley Norwood

Aims of the workshop

- Explore what it means to build “research capacity”
- Explore the findings from our survey on support needs, and research activity of social care professionals in two CSSRs
- Explore principles of Research Capacity Development (RCD) for social care/ social work

What is Research Capacity?

- “a process of individual and institutional development which leads to higher levels of skills and greater ability to perform useful research” Trostle, J. (1992)
- As such, building research capacity can be defined as the ongoing process of empowering individuals, institutions, organisations and nations to: define and prioritise problems systematically, develop and scientifically evaluate appropriate solutions and, share and apply the knowledge generated
WHO 2004

Why build Research Capacity in CSSR?

- Builds on critical thinking
- Increases motivation- and is interesting
- Recognises Expertise
- Bridges the gap between research and practice
- Impacts on outcomes for clients
- Helps build a knowledge base for social care that is relevant and useful

The survey

Design

- 1512 Questionnaire distributed to social care staff within two CSSRs
- 368 returns (response rate of 24%)
- Social care staff defined as
 - People who have a professional qualification that they use in practice
 - Have a role to assess or plan care (at an individual or strategic level) i.e. have an impact on the care service users experiences due to the decisions made by this individual
- Looked at ‘doing’ and ‘using’ research

Description of sample

- Gender
 - Female-76%
 - Male -24%
- Employment status
 - Full time- 86%
 - Part time- 14%
- Place of practice
 - Community offices- 46.5%
 - Hospital- 11%
 - Town centre- 39%

Area of practice	No	%
Children and Families Social Work	109	30
C&F Care Provision	56	15
Community Care Assessment/Care Management	73	20
Community Care Provider Services	58	16
Community Care assessment and management	76	21
Provider older adults	60	16
Mental Health Provider Services	25	7
Totals	457*	125 %*

Access and use of information sources

Information source	Level of access. Number of respondents (% of total respondents)	Source used in the last 3 months at work. Number of respondents (% of total respondents)	Use of source as a % of those who had access to it
Access to internet at work	225 (70%)	166 (45%)	73%
Senior practitioners	154 (41.8%)	69 (18.8%)	44%
Research summaries	76 (20.7%)	33 (9%)	43%
Research workshops	54 (14.7%)	23 (6.3%)	42%
Research based guidelines	54 (14.7%)	18 (4.9%)	33%
Literature databases (ASSIA, Caredata)	47 (12.8%)	26 (7.1%)	55%

Using Research: other findings

- Access to information was strongly related to using research
- The internet is a good source of information
- Face to face contact is also a good source in terms of use
- Guidelines don't seem very effective: Why?

Impact on practice

- Evidence informed practice: statistical differences were found with those who had a masters in finding (internet, research articles and summaries) AND using research evidence in their practice
- 69.1% of respondents agreed to the statement ‘Doing research would help me in my work’

Messages- skills and experience

- 41 (11%) undertaken a masters training (and a further 16% would like to do)
- 50 people (13.6 %) said they would like to do a PhD.
- 67 (18%) people have carried out a project, and another 97 (24%) would like to do a project

Skills and training needs

Skills	Skills training required % of respondents (actual number)	Skills available in workforce as % of respondents (actual number)
Service user involvement in research	43.5% (160)	36% (134)
Developing research design	43% (157)	21% (78)
Analysing transcripts	40% (132)	36% (132)
Analysing numbers	39% (144)	28.5% (105)
Questionnaire design	35.5% (129)	50% (186)
Finding useful research	35% (128)	60% (223)
Focus groups	33% (123)	35% (129)
Reading research	26% (95)	65% (239)
interviewing	23% (86)	78% (288)
Use of academic libraries	20% (74)	65.5% (241)

Attitudes to doing research

Statement	% agree/ strongly agree
I would like to design and carry out my own research projects	40.9%
I would like to collaborate with experienced researchers on research carried out	67.8%
I would like to be more involved in research but lack the opportunity	60.7%
I would like to be more involved in research but lack the skills and experience	55%

But..

- Only 12% said they were currently were doing research
- 11% said they were going to do research in the next 12 months

Training helps research capacity and research culture

- Statistical difference were found with those who had a masters degree compared to others
 - Skills in questionnaire design and analysis,
 - finding and understanding research articles
 - confidence with ethics and research
 - Experience in doing research

Other things that seem to matter location, location, location!

- Location. Those who were centrally based had more research skills, more research experience, access to training and access to information (internet and research summaries) than others
- Those in a hospital base had much poorer access to training and research

Barriers to doing research

Barrier	% agree
Work pressure	79
lack of available expertise	57
Not a priority in workplace	50
Staff shortages	43
Lack of funding for training	33
Inflexible working patterns	16

Principles to building research capacity

- Skills and confidence
- Infrastructure: who to go to in order to get help
- Dissemination
- Close to practice: developing ideas with practitioners/ EIP issues
- Sustainability
- Linkages and collaborations